## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033369

Entity Name: JMJ ASSET GROUP, LLC

FILED May 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5709 STONELER ROAD P. O. BOX 180811

ATT: POOLE, JULIUS AND/OR MICHELLE
TALLAHASSEE, FL 32303 US
TALLAHASSEE, FL 32318 US
TALLAHASSEE, FL 32318 US

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 180811
ATT: POOLE, JULIUS AND/OR MICHELLE
TALLAHASSEE, FL 32318 US
POST OFFICE BOX 180811
ATTN: POOLE, JULIUS/MICHELLE
TALLAHASSEE, FL 32318 US
TALLAHASSEE, FL 32318 US

FEI Number: 43-1986477 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANGELA MOSS POOLE LLC

118 SALEM COURT, SUITE A

TALLAHASSEE, FL 32303 US

ANGELA MOSS POOLE LLC

118 SALEM COURT, SUITE A

TALLAHASSEE, FL 32301 US

TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANGELA M POOLE FOR THE FIRM 05/01/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 POOLE, JULIUS C JR.
 Name:

 Address:
 P.O. BOX 180811
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32318 US
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 POOLE, MICHELLE J
 Name:

 Address:
 P.O. BOX 180811
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32318 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHELLE POOLE MGR 05/01/2005